U.S. Department of Lebor Employment Standards Administration Cifice of Labor-Management Standards Mashington, DC 20210 FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LAROR ORGANIZATIONS IN TRUSTESSUID

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to complymay result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLYBEFORE PREPARING THIS REPORT.								
For Official Use Only 1. FILE NUMBER 2. PERIOD								
0 3 6 - 0 8 3 From	0 1 0 1 2 0 0 1 (b) TERMINAL - If your organization ceased to exist and this is its							
[030-003] From	terminal report, see Section XII of the instructions and check here:							
E Through	1 2 3 1 2 0 0 1 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:							
DEVED BLANCKARD (2) 036-083	8. MAILING ADDRESS							
DERID BLANCKARD (2) 036-083 HOWEL KMPL, RESTAURANT EMPL AFL-CIO 331	First Name							
EU 21	DAVID							
105 N ERCADWAY								
ROCHESTER, IN 55906 12/2001 Last Name								
	BLANCHARD							
1	P.O. Box · Building and Room Number (if any)							
022210431509**Eye**********************************	1 0 5 N . BROADWAY							
4. AFFILIATION OR ORGANIZATION NAME								
HOTEL EMPL, RESTAURANT EMPL AFL-CIO	Number and Street							
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER	` \							
LU 21	City							
	ROCHESTER							
7. ÜNIT NAME (if any)	ROCHESTER							
	State ZIP Code + 4							
9. Are your organization's records kept at its mailing address? Yes No (If "No," provide address in Item 75.)	M N 5 5 9 0 6 -							
75. ADDITIONAL INFORMATION								
Item Number								
	- 							
Each of the undersigned, duly authorized officers of the above labor organization, declares, und accompanying documents) has been examined by the signatory and is, to the best of the unders	er the applicable penalties of law, that all of the information submitted in this report (including the information contained in any signed's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)							
76. PRESIDE								
SIGNED: (If other								
3-21-2002 507-288-2021 see inst	ructions.) $3/2//2002$ $507-388-202/$ see instructions.)							
Date Telephone Number	Date Telephone Number							
Form LM 2 (Powing 2000)	D							

During the Reporting Period Did Your Organization:			18. How many members did your
Have a "subsidiary organization" as defined in Section X of the instructions?	-	No X	organization have at the end of the reporting period?
	د يا		19. What is the date of your organization's next regular election of officers? MO YEAR 0 5 2 0 0 2
 Create or participate in the administration of a trust or other fund or organization, as defined 			20. What is the maximum amount recoverable
in the instructions, which provides benefits for members or their beneficiaries?		X	under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 4 0 0 0 0 0
12. Have a political action committee (PAC) fund?		X	21. What are your organization's rates of dues and fees?
		_	(Enter a minimum and maximum if more than one rate applies for any line.) Rates of Dues and Fees
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X	(a) Regular Dues/Fees \$ 25.91/28.91 per MONTH
14. Have an audit or review of its books and records		į	(b) Initiation Fees \$ 35.00/58.00
by an outside accountant or by a parent body auditor/representative?		X	(c) Transfer Fees \$
15. Discover any loss or shortage of funds or	—		(d) Work Permits \$ per
other property?		$X \mid$	(Month, Year, etc.)
(Answer "Yes" even if there has been repayment or recovery.)			22. During the reporting period, did your organization have any changes in its constitution and bylaws
16. Have any officer who was paid \$10,000 or more			(other than rates of dues and fees) or in practices/ procedures listed in the instructions?
by your organization and also received \$10,000 or		ŀ	(If the constitution and bylaws or practices/
more as an officer or employee of another labor organization or of an employee benefit plan?		X	procedures have changed, see the instructions.)
17. Liquidate or reduce any liabilities without			23. Were any of your organization's assets pledged as security or encumbered in any other way
disbursement of cash?		X	at the end of the reporting period?
			24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," proin Item 75 as explained in the instructions for each item.		ails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		2 3 9 5 4 7	2 1 8 0 9 9
	26. Accounts Receivable		0	0
S L	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		0	0
	29. Investments	2	6 6 6 7	6 6 6 7
	30. Fixed Assets	5	1 6 1 7 6	1 1 3 3 3
	31. Other Assets	3	2 2 6 8 9 6	2 2 6 8 9 6
	32. TOTAL ASSETS		4 8 9 2 8 6	4 6 2 9 9 5
	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		8 3 7	0
IES .	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		0	0
LIAI	36. Other Liabilities	4	0	3 3 5
	37. TOTAL LIABILITIES		8 3 7	3 3 5
	38. NET ASSETS (Item 32 less Item 37)		4 8 8 4 4 9	4 6 2 6 6 0

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Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		7 8 0 1 7 7	56. To Officers	9	3 8 7 0 8
40. Per Capita Tax		0	57. To Employees	10	1 5 4 6 6 4
41. Fees		0	58. Per Capita Tax		2 9 0 4 3 6
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	1 8 5 6 0 4
44. Work Permits		0	61. Educational & PublicityExpense		0
45. Sale of Supplies		0	62. Professional Fees		2 4 8 5 2
46. Interest		8 4 8 4	63. Benefits	11	2 4 2 4 1
47. Dividends		0	64. Contributions, Gfts & Grants	12	2 7 6 9
48. Rents		5 2 7 5	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		3 7 7 0 3
50. Loans Obtained	8	0	67. Withholding Taxes		5 2 5 5 0
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	1 2 0 9
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		1 9 3 0 2	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	5 4 0 9	71. To Affiliates of Funds Collected on Their Behalf		0
·			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	2 7 3 6 3
55. TOTAL RECEIPTS		8 1 8 6 4 7	74. TOTAL DISBURSEMENTS		8 4 0 0 9 9

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
			1	
)		ĺ	
0	0	0	0	C
0	0	0	0	(
Item 27	Item 69	item 51		ltem 27 Column (B)
	0	0 0	0 0 0 0	

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 3 6 - 0 8 3

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities 1. Total Cost	0	1. LOCAL 21 INVESTMENTS INC.	2 2 6 8 9 6
2. Total Book Value	0	3.	
3. List each marketable securitywhich has a book value over \$1,000 and exceeds 20% of Line 2. (a) None	0	4. 5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	2 2 6 8 9 6
(d)		The total from Line 7 is entered in	Item 31, Column (B)
Other Investments 4. Total Cost	6 6 6 7	SCHEDULE 4 - OTHER	LIABILITIES
5. Total Book Value	6 6 6 7	Description (A)	Amount at End of Period (B)
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. PAYROLL TAXES	3 3 5
(a) AFL LABOR TEMPLE STOCK	6 6 6 7	2.	
(b)		4.	
(c)		5.	
(d)			-
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	6 6 6 7	7. Total of Lines 1 through 6	3 3 5
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	Item 36, Column (D)
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SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 3 6 - 0 8 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	98100	86767	1 1 3 3 3	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	98100	86767	1 1 3 3 3	0
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales		0	

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SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 3 6 - 0 8 3

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE FUNRITURE	1209	1209	1209
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1209	1209	1209
	7. Less Reinvestments		0
	8. Net Purchases		1 2 0 9

SCHEDULE 8 -- LOANS PAYABLE

Course of Loans Double of Amu	Lance Owed at	Lagra Obtained	Repayment Made	e During Period	l and Constant
Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in	Item 34 Column (C)	ltem 50	Item 70	Item 75with Explanation	Item 34 Column (D)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 3 6 - 0 8 3

(A) Name (List all persons who held office during the reporting perithey received no salary or other disbursements.)	iod even if	Gross Salary (before taxes and		Disbursements for Official	Other			-
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Tota (H)		
BLANCHARD DAVID		48863	0	1 1 3 5	0	4 9	9	98
1. BUSINESS MGR	С							
PIERCE ROD		0	1900	0	0	1	9	0 0
2. PRESIDENT	С							
SCHROEDER WILLIAM		0	600	0	0	 .	6	0 0
3. VICE PRESIDENT	С							
GRANTER DIANE		0	600	0	0		6	0 0
4. SECRETARY	С							
DORNACK MYRTIS		0	600	0	0		6	0 0
5. MEMBER @ LARGE	С							
ASPREY KEVIN		0	600	0	0		6	0 0
6. MEMBER @ LARGE	C							
7.								
8. Totals from additional pages (if any)				<u> </u>				
9. Totals of Lines 1 through 8		48863	4300	1 1 3 5	0	5 4	2	98
				10. Less Deductions		1 5 5	9	0
The total from Line 11 is entered in			Item 56	11. Net Disbursemen	its	3 8 7	0	8
*Code for Status (C): past officer - P; continuing officer - C; new off	icer during th	ne reporting period - N.		(If any officer was not e your organization's con:	lected at a regular elect stitution and bylaws, exp	ion in accordant plain in Item 75.	e witi	<u></u>

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 3 6 - 0 8 3

_	ore than \$10,000 in total disbursements ates.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Position (Enter employee's job title.)		other deductions) Allowances		Business	Disbursements	Total
(C) Name of Affiliated Organization	(if applicable)	(D)	(E)	(F)	(G)	(H)
BALE	ROSE	29005	0	0	0	29005
1. BOOKKEEPER			i			
BRANDT	BRIAN	3 3 6 1 0	0	947	0	3 4 5 5 7
2. BUSINESS REP						
HESS	RUSSELL	27290	0	9 5 1	0	28241
3. ORGANIZER						
LUBAHN	JACKIE	3 8 0 1 6	0	888	0	38904
4. BUSINESS REP						
MCCLELLAN	LISA	3 0 9 1 2	0	1009	0	3 1 9 2 1
5. BUSINESS REP						
6. Totals from additional pages (if any)		2 2 6 6 2	0	0	0	22662
 Totals for all employees who, during the rep \$10,000 or less in total disbursements from any affiliates 	orting period, received your organization and	1 1 8 9 6	6 0 0	857	0	13353
8. Totals of Lines 1 through 7		193391	600	4652	0	198643
	:			9. Less Deductions		4 3 9 7 9
The total from Line 10 is entered in			. Item 57	10. Net Disburseme	nts 1	5 4 6 6 4

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SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 3 6 - 0 8 3

To Whom Paid (B)				
INT'L UNION PENSION FUND				
	2 4 2	4 1		
	(B) INT'L UNION PENSION FUND	(B) (C) INT'L UNION PENSION FUND 2 4 2		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITIES	2 7 6 9
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 7 6 9
The total from Line 8 is entered in	Item 64

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)						
1. SUPPLIES/POSTAGE/PRINTING			3	8	2	8	2
2. TELEPHONE			1	3	0	9	8
3. CONVENTIONS			2	7	0	3	5
4. MEETINGS,ORG. & NEGOTIAITON			5	4	4	3	4
5. RENT & UTILITIES			2	7	5	7	9
6. INSURANCE			2	5	1	7	6
7. Total from additional pages (if any)							_
8. Total of Lines 1 through 7		1	8	5	6	0	4
The total from Line 8 is entered in Item 60							

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SCHEDULE 14 - OTHER RECEIPTS

Description **Amount** (A) (B) 1 MISCELLANEOUS INCOME 4 9 5 3 6 0 2 SERVICE FEE REFUND 3. 4. 5. 6. 7. 8. 9. 10. l11. 12. 13. 14. 15. 16. Total from additional pages (if any) 5 4 0 9 17. Total of Lines 1 through 16 The total from Line 17 is entered in Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)		
1.REPAIRS & MAINTENANCE	3 8	2	9
2.MEMBER PROMOTIONS	9 5	3	1
3.DUES PAID BY UNION	6 9	8	3
4. CREDIT UNION SAVINGS ACCT.	7 0	2	0
5.			
6.		_	
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16. Total from additional pages (if any)			
17. Total of Lines 1 through 16	2 7 3	6	3
The total from Line 17 is entered in	Item 73		

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2001	

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
NEWMAN SECRETARY	JUDITE	22662	0	0	0	22662

OKGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2001	

t	_		_				
FILE NUMBER:	0	3	6	-	0	8	3

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
		\—/	(1)		
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			<u> </u>		_